

|                                                                                                                                                        |              |                                                                                                                                         |         |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 99332</b>                                                                                                                                     |              | <b>Due no later than Jan 31, 2016</b>                                                                                                   |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>DAUVO LLC<br>DAVID WATERS<br>565 PIONEER RD #14<br>REXBURG ID 83440    |         | DAVID WATERS<br>565 PIONEER RD #14<br>REXBURG ID 83440 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                         |         | 3. <u>New</u> Registered Agent Signature:*             |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |              |                                                                                                                                         |         |                                                        |         |             |  |
| Office Held                                                                                                                                            | Name         | Street or PO Address                                                                                                                    | City    | State                                                  | Country | Postal Code |  |
| MEMBER                                                                                                                                                 | DAVID WATERS | 565 PIONEER RD #14                                                                                                                      | REXBURG | ID                                                     | USA     | 83440       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 99332</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: David Waters<br>Name (type or print): David Waters<br>Date: 01/30/2016<br>Title: Member |         |                                                        |         |             |  |
| Processed 01/30/2016                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                               |         |                                                        |         |             |  |